032001 02-22-11

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Form **990** (2010)

\overline{A}	For the	2010 calendar year, or tax year beginning and endi	ling		
В	Check if	C Name of organization		D Employer identific	cation number
	applicable				
	Addres change	NATIONAL HOME INFUSION ASSOCIATION			
	Name change			-	595311
	Initial		m/suite	E Telephone number	
Ļ	Termin	100 BITHOLKI IEEB KOIB			549-3740
닏	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,161,198.
L	Application pending	THE MINUTE TO THE PROPERTY OF		H(a) Is this a group re	turn Yes X No
		F Name and address of principal officer: 51E VEN 5. 50RTC11		for affiliates?	=
_		SAME AS C ABOVE mot status:	507	H(b) Are all affiliates inc	
		mpt status:	527	H(c) Group exemption	list. (see instructions)
			I Vear		State of legal domicile DE
	**********	Summary	L Tour o	37101111ation 2332114	Otate of legal doffliche 22
	1 [Briefly describe the organization's mission or most significant activities: NHIA WA	AS O	RGANIZED TO	REPRESENT
Activities & Governance	<u>' </u>	THE PROFESSIONAL AND PROPRIETARY INTERESTS	OF '	THE NATION'S	S ALTERNATE
na.	-	Check this box I if the organization discontinued its operations or disposed of			
Š	1	Number of voting members of the governing body (Part VI, line 1a)		. 3	12
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
Se Se	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	15
Ķ	6	Total number of volunteers (estimate if necessary)		6	78
€	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	243,458.
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		7ь	37,671.
				Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		1,895,412.	1,877,167.
enr	9 1	Program service revenue (Part VIII, line 2g)		920,083. 4,965.	874,665.
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	4,342.		
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	254,231.	405,024.
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,074,691.	$\frac{3,161,198.}{0.}$
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		1,340,127.	1,379,763.
Expenses	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) Professional fundraising fees (Part ໄດ້ ເວີເນົ້າກຳ, (A); line 11e)	-	0.	0.
pen	loa	Fotal fundraising expenses; (Part IX; column (D), line 25)			
Ä	17 (<u> </u>	1,637,916.	1,547,820.
	18	Other expenses (Part IX, column (A), lines 11a 11d, 11f 24f) Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,978,043.	2,927,583.
	19 1	Revenue less expenses. Subtract line 18 from line 12		96,648.	233,615.
Net Assets or	3	L OGUEN, UT	Beg	inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		500,439.	795,513.
A P	21	Total liabilities (Part X, line 26)		1,850,823.	1,912,282.
킬	22	Net assets or fund balances. Subtract line 21 from line 20	:	<1,350,384.	<1,116,769.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			/ knowledge and belief, it is
true	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which p	preparer	nas any knowledge	1
0:-		Signature of officer		Date Date	/''
Sig		STEVEN J. JURICH, VP OPERATIONS & COO			
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	id	R JAMES SAYLOR Fames James	ן ר	1	d
	parer	Firm's name VERIS CONSULTING, INC.	, ,	Firm's EIN	<u> </u>
	Only		300		
		RESTON, VA 20190		Phone no (703) 654-1400
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)	_		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2010) NATIONAL HOME INFUSION ASSOCIATION 54-1595311 Page 2
Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission: NHIA WAS ORGANIZED TO REPRESENT THE PROFESSIONAL AND PROPRIETARY
	INTERESTS OF THE NATION'S ALTERNATE SITE INFUSION PROVIDERS. TO
	PROMOTE AND ASSIST IN THE DEVELOPMENT OF THE HIGHEST STANDARDS OF
	QUALITY, SAFE, AND COST-EFFECTIVE PATIENT CARE.
	Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	MEETINGS AND SEMINARS
	PELITINGO AND BENTINANO
	NHIA ORGANIZES MEETINGS ATTENDED BY MEMBERS AND OTHERS WHO HAVE A
	COMMON INTEREST IN RECENT DEVELOPMENTS AND RESEARCH IN HOME INFUSION.
4h	(Code) \(\(\(\(\(\(\) \\ \) \\ \) \(\) \(\(\) \\ \(\) \\ \(\)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	INFUSION MAGAZINE NHIA PRODUCES A JOURNAL ENTITLED "INFUSION" THAT PROVIDES AN IN-DEPTH LOOK AT TRENDS, ISSUES, AND NEWS IN THE ALTERNATE SITE INFUSION THERAPY MARKET. (Code:)(Expenses including grants of)(Revenue)
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4c	INFUSION MAGAZINE NHIA PRODUCES A JOURNAL ENTITLED "INFUSION" THAT PROVIDES AN IN-DEPTH LOOK AT TRENDS, ISSUES, AND NEWS IN THE ALTERNATE SITE INFUSION THERAPY MARKET. (Code:)(Expenses \$including grants of \$)(Revenue \$) PROFESSIONAL AFFAIRS NHIA WORKS TO REPRESENT THE INTERESTS AND STRENGTHEN THE POSITION OF

Pai	t IV Checklist of Required Schedules			,
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	1	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	├ ─
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			١
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	9	l	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	├
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			١
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			۱
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1,,
	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide		İ	.,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		-	
	If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l u
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	4.4		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d		44.1		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12 a	х	
_	Schedule D, Parts XI, XII, and XIII	120		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u></u>	Х
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete 27 Х Schedule L. Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV **28**a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of _ Yes LX No section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Х Note. All Form 990 filers are required to complete Schedule O

Page 5

ra _l	Check if Schedule O contains a response to any question in this Part V				
	,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 43	3	100	1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		1		
·	(gambling) winnings to prize winners?		1c	X	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 15			
h	if at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X	1
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	- - /	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Х	
	At any time duning the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X
ь	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he organization solicit			
-	any contributions that were not tax deductible?	ŭ	6a	X	
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
_	were not tax deductible?	· ·	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices provided to the payor?	7a]
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas required			
	to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed duning the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. C	old the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		<u> </u>
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	ļ		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders .	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	4		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I h	12a	ļ	ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	•	13a		ļ
_	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1.01			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	<u> </u>		1.0
ı 4a	Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

NATIONAL HOME INFUSION ASSOCIATION 54-1595311 Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. $\overline{\mathbf{x}}$

	Check if Schedule O contains a response to any question in this Part VI			<u> </u>
<u>Sec</u>	tion A. Governing Body and Management		V	Na
4.	Enter the number of voting members of the governing body at the end of the tax year 12		Yes	No_
ia b	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent 1a 12 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u>X</u>	
6	Does the organization have members or stockholders?	6	_X_	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		v	
_	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8ь		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	0 1		
<u> </u>	tion b. Foncies (This Section & Tequests information about policies not required by the internal revenue code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	<u>X</u> _	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			İ
	in Schedule O how this is done	12c	Х	L
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	V
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х
_	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		
D	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16ь		
Sec	tion C. Disclosure	100		L
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for	•••	
-	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	ıd fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨		
	NATIONAL HOME INFUSION ASSOCIATION - (703)549-3740			
	100 DATNGERFIELD ROAD, ALEXANDRIA, VA 22314			

Form 990 (2010)

NATIONAL HOME INFUSION ASSOCIATION

54-1595311

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title	(A)	(B)	<u> </u>		((C)	,		(D)	(E)	(F)
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		37.50					ΙX		115,008.	0.	

Par	T VII Section A. Officers, Directors, Tr	ustees, Key Ei (B)	mplo	oyee			ligh	est	Compensated Employ (D)	ees (continued) (E)			(F)	
	Name and title Average Position Reportable Reportable									(F) Estimated				
	Name and the	hours per week (describe hours for related organizations in Schedule O)	ustee or director	heckinitional trustee	all 1		Highest compensated do employee		compensation from the	compensation from related organization (W-2/1099-MIS	n t s	com fr org	nount other pensa- om the anizated relate	of ation e tion ted
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							Ļ		628,388.		0.	7	0,7	95.
c	Sub-total Total from continuation sheets to Part V	II, Section A							0. 628,388.		0.		0,7	0.
d 2	Total number of individuals (including but i	not limited to th	nose	liste	ed al	bove	e) w	no r		,000 in reportab			<u>. ,</u>	4
	compensation from the organization								.,				Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	y em	plo	yee,	or I	highest compensated er	nployee on		3		х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization		4	Х	
5	Did any person listed on line 1 a receive or rendered to the organization? If "Yes," con							ela	ted organization or indivi	dual for services		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co		den	ende	ent c	onti	racto	ors :	that received more than	\$100,000 of con	npens	ation f	from	
	the organization.									1				
= -	(A) Name and business		- m		3001				(B) Description of s	ervices	С	ompe) nsatio	'n
NW	LSINELLI SHUGHART, PC, , SUITE 800, WASHINGTO	N, DC 2	00	05	5T1	KE.	ET		LEGAL SERVIC	ES		15	1,3	30.
	RIS CONSULTING, INC., ERICA DRIVE, SUITE 300				A 2	20	19)	ACCOUNTING S	ERVICES		14	2,9	<u>17.</u>
	····										:			
		 		_										
2	Total number of independent contractors		not l	ımıte	d to		se li	ste	d above) who received m	nore than				

Part VIII Statement of Revenue (D) (A) (B) (C) Revenue excluded from Related or Unrelated Total revenue tax under sections 512, 513, or 514 exempt function business revenue revenue 1 a Federated campaigns 1a 984,317. 1b b Membership dues 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 892,850. similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 1,877,167. h Total. Add lines 1a-1f **Business Code** 425,242. 2 a EXHIBIT RENTAL REVENUE 900099 425,242. Program Service Revenue 377,165. 377,165. 900099 REGISTRATION 71,199. 900099 71,199. **PUBLICATIONS** 1,059. 1,059. 900099 ROYALTIES f All other program service revenue 874,665. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,342. 4,342 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV. line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 243,458. 243,458 11 a ADVERTISING 541800 900099 149,095. 149,095. **b** OTHER INCOME 12,471. 12,471. IRS TAX REFUND 900099 d All other revenue 405,024. e Total. Add lines 11a-11d 161,198. 609,930. 243,458. 430,643. Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 8b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Program service expenses Program service expenses Program service Program ser	
organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 12 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of unicided above, to disqualified persons (as defined under section 4958(c)(3)(8) Chter salaries and wages Pension plan contributions (include section 401(k) – and section 405(k)) employer contributions) Chter analyses Cherent See Fart IV, line 17 Fees for services (non-employees): Adanagement Legal Checounting C	alsing
2 Grants and other assistance to individuals in the U.S. See Part IV, line 21 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 21 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) – and section 405(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 177,040. d Lobbying e Professional fundraising services See Part IV, line 17 I Investment management fees 9 Other 265. 13 Office expenses 16 Occupancy 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings Interest 113,975. 114 Interest 113,975. 115 Payments to affiliates 115,221. 115 Payments to affiliates 116 Occupancy 117 Travel 118 Payments to affiliates 119 Conferences, conventions, and meetings Interest 119 Payments to affiliates 110 Payments to affiliates 110 Payments to affiliates 110 Payments to affiliates 111 Payments to affiliates 111 Payments to affiliates 112 Payments to affiliates 113,975.	
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3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan contributions (include section 491(k) and section 493(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 2 Office expenses 1 Region of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 13 Depreciation, depletion, and amortization 15 Insurance 16 Under Expenses Interest 17 Payments to affiliates 18 Depreciation, depletion, and amortization 19 Insurance 19 Other Expenses Interest 20 Depreciation, depletion, and amortization 1 Insurance 10 Compensation of current officers of travel or entertainment expenses for overed above. (List miscallaneous expenses interest files)	
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits pard to or for members Compensation of current officers, directors, trustees, and key employees Compensation not include above, to disqualified persons (as defined under section 4958(I)(1)) and persons described in section 4958(I)(1) and persons described in section 4958(I)(1) and persons described above (LVA) and persons described above (L	
See Part IV, lines 15 and 16	
Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) – and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Occupancy 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 1 Information technology and meetings Interest 1 Interest 1 Payments to affiliates 2 Depreciation, depletion, and amortization Insurance 1 Cher expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24f filine)	
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24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24f If line	
above. (List miscellaneous expenses in line 24f. If line	
(144 amount avended 100/ of line 15 column (A)	
24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)	
a UBI TAXES 2,750.	
b PRINTING & DUPLICATION 103,047.	
c PROFESSIONAL SERVICES 62,016.	
d PUBLIC RELATIONS 50,730.	
e NCPA SUPPORT SERVICES 41,000.	
f All other expenses 180,856.	
25 Total functional expenses. Add lines 1 through 24f 2,927,583.	
26 Jaint casts. Check here ▶ ☐ If following SOP	
98-2 (ASC 958-720) Complete this line only if the	
organization reported in column (B) joint costs from a combined educational campaign and fundraising	
solicitation	000

Part X Balance Sheet (A) (B) End of year Beginning of year 54,503. 115,160. 1 Cash · non-interest-bearing 292,821. 378,146. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 68,391 194,919. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 104,007. 79,114. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 120,159. 10a basis. Complete Part VI of Schedule D 116,878. 5,610. 3,281. 10b 10c b Less: accumulated depreciation 11 11 Investments · publicly traded securities 12 Investments · other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 500,439. 795,513. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 313,371. 390,506 Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,002,173. 1,046,395. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 535,279. 475,381. 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 1,912,282. 1,850,823. 26 26 Total liabilities. Add lines 17 through 25 X and complete Organizations that follow SFAS 117, check here Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. <1,350,384.>27 <1,116,769.> Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds <1,350,384.>33<1,116,769.> 33 Total net assets or fund balances 795,513. 500,439. Total liabilities and net assets/fund balances

Form **990** (2010)

Form	990 (2010) NATIONAL HOME INFUSION ASSOCIATION	54-	<u> 1595</u>	<u> 311</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
		1	~			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1_		<u>,16</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2			83.
3	Revenue less expenses. Subtract line 2 from line 1	_3	. 4		<u> </u>	15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<1	, 35	0,3	84.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<1	,11	6 , 7	69.>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
				,	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
Ь	Were the organization's financial statements audited by an independent accountant?			2b	<u>X</u>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.				
- d	-If "Yes"-to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Auc	irt			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	lıt			
	and the supplier why is Cabadula O and departs any stopp taken to undergo such sudits			26		1

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nar	ne of organization			1 -	oyer identification number
		L HOME INFUSION			<u>54-1595311</u>
Pa	art I-A Complete if the org	janization is exempt und	der section 501(c)	or is a section 527 or	rganization.
2 -3	Provide a description of the organize Political expenditures Volunteer hours –			> \$	
		<u>janization is exempt und</u>			····
	Enter the amount of any excise tax			> \$	
	Enter the amount of any excise tax			5 ▶\$	
	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	a Was a correction made?	•		•	└─ Yes └─ No
	b If "Yes," describe in Part IV. art I-C Complete if the org	janization is exempt und	der section 501(c)	except section 501/	-)(3)
					<u> </u>
	Enter the amount directly expended Enter the amount of the filing organ		•	•	
_	exempt function activities	ization's lands contributed to o	ther organizations for s	►\$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	•	
٠	line 17b	. Add lines 1 and 2. Linter hold	and 6111 61111 1126 1 61	-, > \$	
4	Did the filing organization file Form	1120-POL for this year?		•	Yes No.
	Enter the names, addresses and en		IN) of all section 527 pe	olitical organizations to which	
•	made payments. For each organiza	• •		-	
	contributions received that were pre-	omptly and directly delivered to	a separate political org	ganization, such as a separat	te segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Part	t IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010 Part II-A Complete if the org	NATIONA Panization is	L HOME INFUSION Exempt under section Line (1997)	N ASSOCIATION 501(c)(3) and file	ON 54-3	1595311 Page 2
(election under sec		caompt under scone			
A Check I If the filing organiza		an affiliated group			
		x A and "limited control" pr	ovisions apply.		
Limit	ts on Lobbying			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opii	nion (grass roots lobbying)			
b Total lobbying expenditures to influ	jence a legislativ	e body (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c a	nd 1d)			
f Lobbying nontaxable amount. Enter	er the amount fro	om the following table in bo	th columns.		-
if the amount on line 1e, column (a) o	r (b) is: Th	e lobbying nontaxable am	ount is:		
Not over \$500,000	20	% of the amount on line 1e			
Over \$500,000 but not over \$1,000		00,000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5		75,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,	000,000 \$2	25,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1	,000,000.			
<u> </u>					
g Grassroots nontaxable amount (en	iter 25% of line 1	f)	ļ		
h Subtract line 1g from line 1a. If zer	o or less, enter ().			
i Subtract line 1f from line 1c. If zero			. 1		
j If there is an amount other than ze	ro on either line	1h or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this					Yes No
	ations that mad lumns below. S	ar Averaging Period Under de a section 501(h) electio ee the instructions for line	n do not have to comp es 2a through 2f on pa		
	Lobbying	Expenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Oncome de la castalista de la castalis					
d Grassroots nontaxable amount					+
e Grassroots ceiling amount					
(150% of line 2d, column (e))	, ,		1		1
f Grassroots lobbying expenditures			[[

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 NATIONAL HOME INFUSION ASSOCIATION 54-159531 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?	s	No	Amo	uint
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?			1	,
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?		- 1		
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?		1		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?			Į	
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?			: [
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?	_			
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?	- 1			
f Grants to other organizations for lobbying purposes?	$-\!\!\!\!+\!\!\!\!-$			
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
_				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did-the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912		1		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1/oVE\		otion	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(0)(5),	or se	Ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 50		3		X
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes." 1 Dues, assessments and similar amounts from members	i, iiie 3	15 41		,317
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				,, , , ,
expenses for which the section 527(f) tax was paid).				
		1 _ 1	168	
a Current year	l	2a		.915
a Current year		2a 2h		,915
b Carryover from last year		2b	168	
b Carryover from last year c Total		\vdash		3,915
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 		2b 2c		3,915
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 		2b 2c		3,915
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 		2b 2c		3,915 3,915 5,282

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL HOME INFUSION ASSOCIATION

Employer identification number 54-1595311

Par	†	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or A	Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6		
			(a) Donor advised funds	((b) Funds and other accounts
1	Total r	number at end of year		_	
2	Aggre	gate contributions to (during year)			
3	Aggre	gate grants from (dunng year)			
4	Aggre	gate value at end of year			
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed fun	ds
	are the	e organization's property, subject to the organization's	exclusive legal control?		Yes No
6		e organization inform all grantees, donors, and donor a		e used o	only
	for cha	aritable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	confer	rring
		missible private benefit?			Yes No
Par	t II	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV,	line 7
1	Purpo	se(s) of conservation easements held by the organizati	on (check all that apply).		
_		Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storical	ly important land area -
		Protection of natural habitat	Preservation of a cer	tified hi	storic structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	ofacc	onservation easement on the last
	day of	the tax year.			Francis
					Held at the End of the Tax Year
а	Total r	number of conservation easements			2a
ь	Total a	acreage restricted by conservation easements			2b
c	Numb	er of conservation easements on a certified historic str	ucture included in (a)		2c
d	Numb	er of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture	
	listed	ın the National Register			2d
3	Numb	er of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organ	nization during the tax
	year 🕨				
4	Numb	er of states where property subject to conservation ea	sement is located		
5	Does 1	the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violati	ons, and enforcement of the conservation easements i	t holds?		L Yes No
6		and volunteer hours devoted to monitoring, inspecting,			
7		nt of expenses incurred in monitoring, inspecting, and			
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(E	
		ection 170(h)(4)(B)(ii)?			└── Yes └── No
9		t XIV, describe how the organization reports conservat			
	ınclud	e, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the org	ganization's accounting for
		rvation easements.			
Par	1 11	Organizations Maintaining Collections o		Other :	Similar Assets.
		Complete if the organization answered "Yes" to Form	·		
1a		organization elected, as permitted under SFAS 116 (AS			
		ical treasures, or other similar assets held for public ext		ance of	public service, provide, in Part XIV,
		xt of the footnote to its financial statements that descri			
þ		organization elected, as permitted under SFAS 116 (AS			
	treasu	ires, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic se	rvice, provide the following amounts
		ng to these items:			
		evenues included in Form 990, Part VIII, line 1			► \$ ► \$
		ssets included in Form 990, Part X	•		
2		organization received or held works of art, histoncal tre		al gaın,	provide
		llowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а		nues included in Form 990, Part VIII, line 1			\$
b	Asset	s included in Form 990, Part X			▶ \$

Sched	dule D (Form 990) 2010 NATIONA	L HOME INF	USIO	N ASSO	CIATIO	NN	!	54-15	95311	L Pa	age 2
	t III Organizations Maintaining C						r Simila	ar Asset	s (conti	nued)	
3	Using the organization's acquisition, accessi										
	(check all that apply):										
а	Public exhibition	c	ı 🔲 1	Loan or exc	hange progra	ams					
b	Scholarly research	e	. 🗀 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exem	npt purpo	se in Part	XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er sımılar	assets		-	_	_
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	ollection?				Yes_		<u>No</u>
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" to F	Form 990	, Part IV, I	ne 9, or		
	reported an amount on Form 990, Par		_								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contnbution	ns or other as	sets not i	ncluded	_	1	_	٦
	on Form 990, Part X?								Yes	L.	J No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance .						1f		1		T
	-Did-the organization include an amount on F		21?-			-	-	L <u>.</u>	Yes		」No -
	b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
Par	TV Endowment Funds. Complete								(-) Fau-		haal.
		(a) Current year	(b) P	rior year	(c) Two year	rs dack (a) inree y	ears back	(e) Four	years	Dack
1a	Beginning of year balance		_	-			*************************************	·	**********		*******
Ь	Contributions		-								
C	Net investment earnings, gains, and losses	<u> </u>							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
d	Grants or scholarships				<u> </u>						
е	Other expenditures for facilities										
	and programs		-			<u> </u>					
T	Administrative expenses						***********				
9	End of year balance		1								
2	Provide the estimated percentage of the year	r end balance neld a	as. %								
a	Board designated or quasi-endowment	%	— ⁷⁰								
b	Permanent endowment ► Term endowment ►										
	Are there endowment funds not in the posse		ation the	at are held a	and administe	red for th	e organiz	ration			
Ja		ssion of the organiz	anon me	at are neig e		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o organii		ſ	Yes	No
	by: (i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the								<u> </u>		
	t VI Land, Buildings, and Equipm										
1.5373	Description of investment	(a) Cost or o			t or other	(c) Ac	cumulate	ed	(d) Book	c value	 e
	bootinphon of investment	basis (invest		basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment										
	Other			12	0,159.		16,8	78.		3,2	81.
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line	10(c))			•		3,2	<u>81.</u>

(a) Description of security or category			(c) Method of valuate	tion:
(including name of security)	(b) Book value		t or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)			·-·	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	,			
Part VIII Investments - Program Related.		e 13.	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	-	t or end-of-year mark	ket value
<u>- (1) </u>	<u> </u>			<u> </u>
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)			_	
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	45			
Part IX Other Assets. See Form 990, Part X, III	ne 15. a) Description			(b) Book value
(1)	- Coonpaint		-	.,,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	·		-	
(8)				
<u>(9)</u> (10)			_	
Total. (Column (b) must equal Form 990, Part X, col (B) II	ne 15.)		•	
Part X Other Liabilities. See Form 990, Part X			-	
1. (a) Description of liability		(b) Amount		mi mamin and mi
(1) Federal income taxes				
(2)				
(3)				
(5)				
<u>(6)</u> (7)		-		
(8)		-		
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) II FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote 1. FIN 48 (ASC 740)	e to the organization's financial s	tatements that reports the organization	zation's liability for uncertai	n tax positions under
2. FIN 48 (ASC 740)				- dul- D /F 600 0611
032053 12-20-10			Sche	edule D (Form 990) 2010

$\overline{}$	dule D (Form 990) 2010 NATIONAL HOME INFUSION ASS						1595311	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audi</u>	ted Finan	cial S	State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	_		3,161	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			2,927,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			233	615.
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities .			5			<u> </u>	
6	Investment expenses			6	_			
7	Prior penod adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9				0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10				615.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Reve	nue p	er R	etum	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements					1	3,161	<u>,198.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_						
а	Net unrealized gains on investments	2a						
ь	Donated services and use of facilities	2b						
С	Recovenes of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d		_			2e		0.
	Subtract line 2e from line 1	-				3	3,161,	198.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
ь	Other (Describe in Part XIV.)	4b						
c	Add lines 4a and 4b					4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	3,161,	198.
Pa	† XIII Reconciliation of Expenses per Audited Financial Statem	ents \	Nith Expe	enses	per	Retu	rn	
1	Total expenses and losses per audited financial statements				-	1	2,927	<u>,583.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a	İ					
Ь	Pnor year adjustments	2b						
c	Other losses	2c						
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d .					2e		0.
3	Subtract line 2e from line 1					3	2,927	583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
Ь	Other (Describe in Part XIV.)	4b						
c	Add lines 4a and 4b					4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	2,927	583.
-	* XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp							4; Part

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions

2010

OMB No 1545-0047

pen to Public

Name of the organization

Department of the Treasury

internal Revenue Service

NATIONAL HOME INFUSION ASSOCIATION

Employer identification number

54-1595311

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Written employment contract X Compensation committee X Compensation survey or study X Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a 4ь b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. 6a a The organization? 6b **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2010

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breal	kdown of W	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C)	Q ,	(E)	(F)
(A) Name	(i) Base compensation	ase isation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(l)·(D)	reported in prior Form 990 or Form 990-EZ
		209,641.	20,000.		11,482.	0	241,123.	0
1 RUSS BODOFF	(ii) 137.	000	17.000.		7.700.	19,688.	181,388.	00
2 STEVEN J. JURICH		0	0		0.	•I I	-I	0.
	(i) 126,	23	3,500.	0	6,487.	19,688.	155,914.	0.
3 JOHN MAGNUSON	(ii)	0	0.	0.	0	0	0	0
	6							
4								
رى د				16.[1]	-			
	8							
9	(0)					,		
				1				
7	(3)	Ì						
	6							
8	3							
10								
	6							
11	(E)							
	€	-						
12	(E)							
2				1				
4				1000				
	(1)							
15	(ii)							
	6							
16	(B)			1				

Schedule J (Form 990) 2010

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Internal Revenua Service Name of the organization

NATIONAL HOME INFUSION ASSOCIATION

Employer identification number 54-1595311

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SITE INFUSION PROVIDERS. TO PROMOTE AND ASSIST IN THE DEVELOPMENT OF THE HIGHEST STANDARDS OF QUALITY, SAFE, AND COST-EFFECTIVE PATIENT CARE,

FORM 990, PART VI, SECTION A, LINE 5: THE ORGANIZATION'S MANAGEMENT DETECTED FRAUDULENT ACTIVITIES DURING CALENDAR YEAR 2010 THAT WERE PERPETRATED BY AN EMPLOYEE WHO HAD A SIGNIFICANT ROLE IN INTERNAL CONTROL. ONCE FRAUD WAS DETECTED, MANAGEMENT TOOK SWIFT LEGAL ACTION TO TERMINATE THE EMPLOYEE AND WORK WITH AUTHORITIES TO PURSUE CRIMINAL ACTIONS. THE ORGANIZATION'S BOARD WAS IMMEDIATELY NOTIFIED OF THE DEFALCATION AS WAS THE ORGANIZATION'S AUDIT TEAM. THE TOTAL DOLLAR VALUE OF THE DIVERTED FUNDS WAS \$135,246 IN CASH OVER A 10-MONTH PERIOD. MANAGEMENT IMMEDIATELY IMPLEMENTED ADDITIONAL INTERNAL CONTROLS TO FURTHER STRENGTHEN THE CONTROLS THAT SUCCESSFULLY DETECTED THE FRAUD. MANAGEMENT ALSO FURTHER ENCOURAGED THE USE OF A SECURE LOCKBOX FOR ALL INVOICED PAYMENTS AND INITIATED REMOTE SCANNING OF CHECKS DIRECTLY TO OPERATING ACCOUNTS.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS OF THE ASSOCIATION ARE PROVIDER ORGANIZATIONS, MANUFACTURERS, SUPPLIERS, SERVICE COMPANIES, CONSULTANTS, ASSOCIATIONS, ACADEMICS, STUDENTS AND OTHERS WHO PROVIDE, ASSIST IN, OR ARE ASSOCIATED WITH THE PROVISION OF ALTERNATE SITE INFUSION THERAPY SERVICES. THE ORGANIZATION HAS SEVEN MEMBERSHIP CATEGORIES, AS SPECIFIED BY ITS BYLAWS.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization NATIONAL HOME INFUSION ASSOCIATION	Employer identification number 54-1595311
E-MAIL TO THE EXECUTIVE COMMITTEE FOR REVIEW/COMMENTS.	
FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR THE BOA	RD IS REQUIRED TO
SIGN THE CONFLICT OF INTEREST POLICY. IN ANY CASE WHERE	A CONFLICT EXISTS,
THAT PARTICULAR BOARD MEMBER WILL BE EXCUSED FROM VOTING	ON THE SPECIFIC
ISSUE.	
FORM 990, PART VI, SECTION B, LINE 15A: IN 2007, A SEARCH	FIRM PROVIDED A
COMPARABILITY STUDY TO THE BOARD OF DIRECTORS. IN 2008,	THE INCREASE WAS
BASED SOLEY ON PEFORMANCE. THE BOARD HAS DETERMINED THAT	EVERY 3 TO 5
YEARS, A COMPENSATION COMPARABILITY STUDY WILL BE REVIEWE	D TO MAINTAIN
COMPENSATION EQUIVALENCY WITH OTHER LIKE ORGANIZATIONS. I	N 2010, THE BOARD
FORMED A COMPENSATION COMMITTEE, ENGAGED AN OUTSIDE INDEP	ENDENT
COMPENSATION CONSULTANT AND UTILIZED A COMPENSATION STUDY	TO HELP ARRIVE AT
THE 2010 CEO INCREASE.	
FORM 990, PART VI, SECTION C, LINE 19: BYLAWS OF THE ORGA	NIZATION ARE
POSTED ON THE WEBSITE FOR ANYONE TO ACCESS. THE CONFLICT	OF INTEREST
POLICY IS AVAILABLE UPON REQUEST. THE FINANCIAL STATEMEN	TS ARE NOT
AVAILABLE TO THE PUBLIC AS THEY ARE ONLY ISSUED TO THE BO	ARD.
THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR FORM 99	0 FILING.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

FILE COPY

OMB No. 1545-1709

► File a separate application for each return.

If you :	are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box		•	<u> </u>	
If you :	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).			
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	iled Fo	rm 8868.		
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	months for a corp	oration	
required	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically file F	orm 8	368 to request an e	xtension	
	o file any of the forms listed in Part I or Part II with the exc						
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he elec	tronic filing of this f	orm,	
	virs.gov/efile and click on e-file for Charities & Nonprofits				· ·	·	
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).				
A corpor	ation required to file Form 990-T and requesting an autor			nplete			
Part I onl	•			•	•		
	corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to request ar	ı exten	sion of time		
Type or print	Name of exempt organization			Emp	loyer identification	number	
NATIONAL HOME INFUSION ASSOCIATION 54-1595311							
due date for filing your return See							
instructions	City, town or post office, state, and ZIP code. For a for ALEXANDRIA, VA 22314	oreign add	lress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicat	ion	Return	Application			Return	
<u>Is For</u>		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A		- -	08	
Form 99		03	Form 4720			09	
Form 99		04	Form 5227			10	
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	O-T (trust other than above)	06	Form 8870			12	
Telep If the	THE ASSOCIATION ooks are in the care of ► 100 DAINGERFIED hone No. ► (703)549-3740 organization does not have an office or place of business is for a Group Return, enter the organization's four digit □ . If it is for part of the group, check this box ►	LD ROD s in the Un Group Exe	FAX No. ► inted States, check this box emption Number (GEN) If the	is is fo	the whole group, c		
	equest an automatic 3-month (6 months for a corporation	required		ul			
	for the organization's return for: X calendar year 2010 or						
•	tax year beginning	, an	d ending		- ·		
2 If t	he tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return Fina	al retur	n		
	his application is for Form 990-BL, 990-PF, 990-T, 4720, one fundable credits. See instructions	or 6069, e	nter the tentative tax, less any	3a	\$	0.	
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and	30			
	timated tax payments made. Include any prior year overp	-		3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa						
	using EFTPS (Electronic Federal Tax Payment System)	-	•	3c	\$	0.	
	If you are going to make an electronic fund withdrawal						

• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II and check this bo	х		X		
Note. Or	nly complete Part II if you have already been granted an a	utomatic :	3-month extension on a previously filed	Form 8	3868.			
	are filing for an Automatic 3-Month Extension, complet							
Part I	Additional (Not Automatic) 3-Month E	xtensio	of Time. Only file the original (no co	pies n	eeded).			
Type or	Name of exempt organization			Empl	oyer identification	number		
print	NATIONAL HOME INFUSION ASSOC	CIATIO	ON	5	4-1595311			
File by the extended	Number, street, and room or suite no. If a P.O. box, so							
due date fo	la							
filing your return See instructions	City, town or post office, state, and ZIP code. For a for ALEXANDRIA, VA 22314	oreign add	ress, see instructions.					
Enter the	e Return code for the return that this application is for (file	e a separat	te application for each return)		·	0 1		
Applicat	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	0	01						
Form 99	0-BL	02	Form 1041·A			08		
Form 99	0-EZ	03	Form 4720			09		
Form-990-PF						- 10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above) 06 Form 8870								
STOP! D	STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. NATIONAL HOME INFUSION ASSOCIATION							
Telep If the	books are in the care of ► 100 DAINGERFIED hone No. ► (703)549-3740 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	LD ROD	AD - ALEXANDRIA, VA FAX No	s is foi	the whole group, c			
box ▶	. If it is for part of the group, check this box		ch a list with the names and EINs of all	memo	ers the extension is	tor.		
4 I request an additional 3-month extension of time until NOVEMBER 15, 2011.								
For calendar year 2010, or other tax year beginning, and ending for the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period								
	ate in detail why you need the extension							
_	DDITIONAL TIME IS NEEDED IN C	ORDER	TO FILE A COMPLETE	AND	ACCURATE			
8a If t	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax less any					
	enrefundable credits. See instructions.	0, 0000, 0	mor are terrained tax, lead arry	8 a	\$	0.		
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		. V			
ta	x payments made. Include any pnor year overpayment all	-				0		
	reviously with Form 8868.			8ь	\$	0.		
	alance due. Subtract line 8b from line 8a Include your pa	-	h this form, if required, by using			^		
E	TPS (Electronic Federal Tax Payment System). See Instru		d Verification	8c	\$	0.		
Under pe it is true, Signature	nalties of penupy, I declare that I have examined this form, includ correct, and complete, and that am authonzed to prepare this fo	ing accomp		best o	chi lu			
	(\cdot)				. 3 0000 (11	, 20.1/		